

<b>Cumulative e-File History 2010</b>	
<b>FED</b>	
Locator:	4222CV
Taxpayer Name:	UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP
Return Type:	990
Submitted Date:	05/14/2012 11:09:42
Acknowledgement Date:	05/14/2012 11:27:45
Status:	Accepted
Submission ID:	23695320121355000026

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

Do not send to the IRS. Keep for your records. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP; Employer identification number: 52-1362793

Name and title of officer: HENRY J FRANEY, EVP AND CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Line 1a is checked with amount 1407098305.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 21201 as my signature

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: [Signature] Date: 5/9/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 23695363066

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: [Signature] Date: 5/14/2012

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP			<b>D</b> Employer identification number 52-1362793
	Doing Business As UNIVERSITY OF MARYLAND MEDICAL CTR			<b>E</b> Telephone number (410) 328-1375
	Number and street (or P.O. box if mail is not delivered to street address) 22 SOUTH GREENE STREET		Room/suite	
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21201			<b>G</b> Gross receipts \$ 1,594,694,341. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: ROBERT CHRENCIK 250 W. PRATT ST BALTIMORE, MD 21201				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.UMMS.ORG			<b>L</b> Year of formation: 1984 <b>M</b> State of legal domicile: MD
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY. REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES PROVIDED.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	9,355	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	877	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	4,410,884	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-2,785,016	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		<b>9</b> Program service revenue (Part VIII, line 2g)	10,195,000	8,112,000
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,172,457,596	1,276,195,314	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,001,860	42,043,365	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,784,958	80,747,626	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,248,439,414	1,407,098,305	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		106,000	243,500	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		507,488,544	552,415,164	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		0	0	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	695,408,285	712,124,827	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,203,002,829	1,264,783,491	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	45,436,585	142,314,814	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		<b>21</b> Total liabilities (Part X, line 26)	2,108,852,632	2,280,537,688
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,565,518,622	1,540,119,298
			543,334,010	740,418,390

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP				P00532355
	Firm's address ▶ 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103			Firm's EIN ▶ 36-6055558	Phone no. 215-561-4200
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
UMMS PROVIDES A VARIETY OF INPATIENT/OUTPATIENT SERVICES TO  
PEOPLE IN THE MARYLAND AREA REGARDLESS OF THEIR ABILITY TO PAY.  
REVENUES ARE USED TO HELP DEFRAY THE COSTS OF SERVICES PROVIDED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 1,073,351,965. including grants of \$ 243,500. ) (Revenue \$ 1,276,195,314. )

ATTACHMENT 1

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses ► 1,073,351,965.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and Form 990 filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions 1a-1b, 2-9 cover governing body composition and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Questions 10a-16b cover organizational policies on chapters, conflicts of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: S. MICHELLE LEE 250 WEST PRATT ST., SUITE 1400 BALTIMORE, MD 21201 410-328-1376



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . .  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) ROBERT A CHRENCIK PRESIDENT AND CEO	40.00	X		X				1,654,567.	0.	198,872.
(2) WILLIAM KIRWAN DIRECTOR	2.00	X						0.	0.	0.
(3) VINCENT PELLEGRINI DIRECTOR	2.00	X						0.	0.	0.
(4) DELEGATE MICHAEL E BUSCH DIRECTOR	2.00	X						0.	0.	0.
(5) ATWOOD COLLINS III DIRECTOR	2.00	X						0.	0.	0.
(6) SENATOR FRANCIS X KELLY DIRECTOR	2.00	X						0.	0.	0.
(7) ROBERT L PEVENSTEIN DIRECTOR	2.00	X						0.	0.	0.
(8) STEPHEN B PHILLIPS DIRECTOR	2.00	X						0.	0.	0.
(9) SENATOR CATHERINE E PUGH DIRECTOR	2.00	X						0.	0.	0.
(10) LISA C ROWEN SVP & CNO - UMMC	40.00	X			X			464,266.	0.	64,163.
(11) JOHN W DILLON DIRECTOR	2.00	X						0.	0.	0.
(12) W MOORHEAD VERMILYE DIRECTOR	2.00	X						0.	0.	0.
(13) ALAN H FLEISCHMANN DIRECTOR	2.00	X						0.	0.	0.
(14) BELKIS LEONG-HONG DIRECTOR	2.00	X						0.	0.	0.
(15) GEORGES BENJAMIN MD DIRECTOR	2.00	X						0.	0.	0.
(16) GILBERTO DE JESUS ESQ DIRECTOR	2.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOHN P COALE ESQ DIRECTOR	2.00	X					0.	0.	0.	
(18) KEVIN B O'CONNOR DIRECTOR	2.00	X					0.	0.	0.	
(19) LOUISE MICHAUX GONZALES ESQ DIRECTOR	2.00	X					0.	0.	0.	
(20) ORLAN M JOHNSON ESQ DIRECTOR	2.00	X					0.	0.	0.	
(21) SENATOR JOSPEH D TYDINGS DIRECTOR	2.00	X					0.	0.	0.	
(22) WALTER A TILLEY JR DIRECTOR	2.00	X					0.	0.	0.	
(23) WAYNE L GARDNER SR DIRECTOR	2.00	X					0.	0.	0.	
(24) STEPHEN A BURCH ESQ DIRECTOR	2.00	X					0.	0.	0.	
(25) MICHAEL CARUTHERS DIRECTOR	2.00	X					0.	0.	0.	
(26) CONNIE DEJULIUS DIRECTOR	2.00	X					0.	0.	0.	
(27) JAY PERMAN MD DIRECTOR	2.00	X					0.	0.	0.	
(28) E ALBERT REECE MD PHD MBA DIRECTOR	2.00	X					0.	0.	0.	
<b>1b Sub-total</b>							2,118,833.	0.	263,035.	
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 4</b>							8,686,933.	0.	660,985.	
<b>d Total (add lines 1b and 1c)</b>							10,805,766.	0.	924,020.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1538**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 243**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	4,912,000.				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	3,200,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			8,112,000.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> PATIENT SERVICE REVENUE		900099	1,276,195,314.	1,272,960,984.	3,234,330.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,276,195,314.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			22,546,315.			22,546,315.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0.			
	<b>5</b> Royalties . . . . .			0.			
			(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents . . . . .		3,258,726.				
	<b>b</b> Less: rental expenses . . . . .		1,684,704.				
	<b>c</b> Rental income or (loss) . . . . .		1,574,022.				
	<b>d</b> Net rental income or (loss) . . . . .				1,574,022.	-433,316.	2,007,338.
			(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		205,408,382.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		185,911,332.				
	<b>c</b> Gain or (loss) . . . . .		19,497,050.				
	<b>d</b> Net gain or (loss) . . . . .				19,497,050.		19,497,050.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> CAFETERIA		900099		3,988,917.			3,988,917.
<b>b</b> GRANT REVENUE OFFSET BY EXPENSES		900099		8,353,000.			8,353,000.
<b>c</b> PHARMACY		446110		30,261,870.	30,080,553.	181,317.	
<b>d</b> All other revenue . . . . .		900099		36,569,817.	5,894,594.	1,428,553.	29,246,670.
<b>e Total.</b> Add lines 11a-11d . . . . .				79,173,604.			
<b>12 Total revenue.</b> See instructions . . . . .				1,407,098,305.	1,308,936,131.	4,410,884.	85,639,290.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	243,500.	243,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	9,379,974.	2,029,770.	7,350,204.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	445,671,522.	355,274,425.	90,397,098.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,327,924.	11,045,908.	1,282,016.	
9 Other employee benefits . . . . .	51,771,892.	33,994,855.	17,777,037.	
10 Payroll taxes . . . . .	33,263,852.	28,841,873.	4,421,979.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,996,287.	244,458.	1,751,829.	
c Accounting . . . . .	758,797.		758,797.	
d Lobbying . . . . .	41,086.		41,086.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	148,937,400.	147,149,881.	1,787,519.	
12 Advertising and promotion . . . . .	6,292,150.	159,342.	6,132,807.	
13 Office expenses . . . . .	5,429,392.	3,534,285.	1,895,106.	
14 Information technology . . . . .	22,194,988.	1,048,261.	21,146,728.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	843,659.	265,246.	578,413.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	636,471.	116,074.	520,397.	
20 Interest . . . . .	26,880,720.	24,111,209.	2,769,511.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	69,578,393.	62,641,034.	6,937,359.	
23 Insurance . . . . .	15,065,440.	13,147,724.	1,917,716.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT</u> . . . . .	101,154,117.	101,154,117.		
b <u>MEDICAL SUPPLIES</u> . . . . .	234,229,196.	234,229,196.		
c <u>UTILITIES</u> . . . . .	23,558,766.	11,799,253.	11,759,513.	
d <u>COLLECTION AGENCY EXPENSE</u> . . . . .	8,188,000.	3,542,551.	4,645,449.	
e <u>TRANSPLANT COSTS</u> . . . . .	13,589,013.	13,589,013.		
f All other expenses . . . . .	32,750,952.	25,189,990.	7,560,962.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,264,783,491.	1,073,351,965.	191,431,526.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	176,023,826.	<b>1</b>	141,140,879.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	137,782,828.	<b>4</b>	152,030,662.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	17,013,832.	<b>8</b>	18,118,384.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	55,074,919.	<b>9</b>	39,390,462.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1445087756.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 717,648,437.	678,429,537.	<b>10c</b> 727,439,319.
	<b>11</b> Investments - publicly traded securities . . . . .	123,206,309.	<b>11</b>	196,039,672.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	61,320,000.	<b>12</b>	108,531,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	860,001,381.	<b>15</b>	897,847,310.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,108,852,632.	<b>16</b>	2,280,537,688.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	165,485,047.	<b>17</b>	175,560,418.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,017,927,698.	<b>20</b>	1,026,148,276.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	86,197,500.	<b>24</b>	31,735,836.
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	295,908,377.	<b>25</b>	306,674,768.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,565,518,622.	<b>26</b>	1,540,119,298.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	486,179,017.	<b>27</b>	669,076,636.
	<b>28</b> Temporarily restricted net assets . . . . .	56,742,407.	<b>28</b>	70,929,168.
	<b>29</b> Permanently restricted net assets . . . . .	412,586.	<b>29</b>	412,586.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	543,334,010.	<b>33</b>	740,418,390.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,108,852,632.	<b>34</b>	2,280,537,688.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . .

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,407,098,305.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,264,783,491.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	142,314,814.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	543,334,010.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	54,769,566.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	740,418,390.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	<b>Employer identification number</b> 52-1362793
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2009 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	<b>Employer identification number</b> 52-1362793
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP</b>	Employer identification number <b>52-1362793</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE OF MARYLAND ----- 45 CALVERT STREET ----- ANNAPOLIS, MD 21401 -----	\$ 3,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UMMS FOUNDATION ----- 22 S. GREENE STREET ----- BALTIMORE, MD 21201 -----	\$ 4,912,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP</b>	Employer identification number <b>52-1362793</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2** Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3** Volunteer hours . . . . . ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a** Was a correction made? . . . . .  Yes  No
- b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

JSA  
0E1264 0.040

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group.
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

**Part IV** Supplemental Information (continued)

## OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYSING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.65% AND 24.42% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various questions about conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collections, 2 for financial gain.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN ASSETS OF UMMS FDN	56,843,442.
(2) DEFERRED FINANCING COSTS	7,546,894.
(3) ASSETS WHOSE USE IS LIMITED	264,724,432.
(4) INVESTMENT IN SUBSIDIARIES	204,743,219.
(5) OTHER RECEIVABLES	34,537,461.
(6) DUE FROM AFFILIATES - NOTES RE	329,451,862.
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	897,847,310.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ADVANCES FROM 3RD PARTY PAYORS	66,843,989.	
(3) OTHER LIABILITIES	134,431,171.	
(4) INT RATE SWAPS MARK TO MARKET	105,399,608.	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	306,674,768.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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 SEE PAGE 5  
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**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART X

FIN 48 FOOTNOTE PER AUDIT REPORT

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION)

ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE

INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740

IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE

CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION

AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX

BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	MEDICAL SERVICES	31,498.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		64,961,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					64,992,498.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					64,992,498.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization: UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP  
Employer identification number: 52-1362793

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	X	
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2) . . . . .			37,115,929.		37,115,929.	2.93
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			37,115,929.		37,115,929.	2.93
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,461,984.		1,461,984.	.12
<b>f</b> Health professions education (from Worksheet 5) . . . . .			92,562,863.		92,562,863.	7.32
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			22,293,517.	10,235,718.	12,057,799.	.95
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			537,577.		537,577.	.04
<b>j</b> Total Other Benefits . . . . .			116,855,941.	10,235,718.	106,620,223.	8.43
<b>k</b> Total. Add lines 7d and 7j . . . . .			153,971,870.	10,235,718.	143,736,152.	11.36

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2010

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			6,529.		6,529.	
2 Economic development			75,363.		75,363.	
3 Community support			24,889.		24,889.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			184,031.		184,031.	
9 Other						
10 Total			290,812.		290,812.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy during the tax year? . . . . .
- 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: UNIV OF MARYLAND MEDICAL SYSTEM CORP

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):		
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .		
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .		
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .		
<b>Financial Assistance Policy</b>			
<b>8</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> %	X	

**Part V Facility Information (continued)** UNIV OF MARYLAND MEDICAL SYSTEM CORP

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> %	X	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	X	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	X	
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input checked="" type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	X	
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input checked="" type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b>	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** UNIV OF MARYLAND MEDICAL SYSTEM CORP

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply):	X	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges for Medical Care**

<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI.		X
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . . If "Yes," explain in Part VI.	X	



**Part V Facility Information** (continued)

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
<b>1</b> UNIVERSITYCARE @ SHIPLEY'S CHOICE 8601 VERTERANS HIGHWAY, STE 111 MILLERSVILLE MD 21108	HEALTHCARE CLINIC
<b>2</b> UNIV PEDIATRIC SPECIALISTS @ BEL AIR N. PARK CENTER, UNIT 423 4C NORTH AVE BEL AIR MD 21014	HEALTHCARE CLINIC
<b>3</b> UNIVERSITYCARE @ EDMONDSON VILLAGE 4538 EDMONDSON AVE BALTIMORE MD 21229	HEALTHCARE CLINIC
<b>4</b> UNIVERSITYCARE @ WAXTER CENTER 1000 CATHEDRAL STREET BALTIMORE MD 21201	HEALTHCARE CLINIC
<b>5</b>  	
<b>6</b>  	
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR ENDING  
 JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST REVIEW  
 COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31 OF EACH  
 YEAR. IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON  
 REQUEST AT THE ENTITY'S CORPORATE OFFICES.

## COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D) - MARYLAND'S REGULATORY SYSTEM CREATES A  
 UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE  
 NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES  
 PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING  
 GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED  
 AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A  
 METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH  
 DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F) - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C) - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES

PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING

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AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A

METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH

DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE

RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7F COLUMN (D) - MARYLAND'S REGULATORY SYSTEM CREATES A

UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE

NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES

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METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH

DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE

RELATED TO UNCOMPENSATED CARE.

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED  
 SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES  
 APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A  
 WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO  
 BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL. MEDICARE  
 REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC  
 AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART  
 WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND SYSTEM AS LONG  
 AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND

-THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981  
 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE  
 PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

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THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981  
 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE  
 PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

SCHEDULE H, PART V, SECTION B

LINE 19D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF  
THEIR ABILITY TO PAY.

LINE 21 - DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY  
PAYER, INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED  
PATIENTS. ALL CHARGES ARE GROSS CHARGES.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

UMMC USES A VARIETY OF CREDIBLE SOURCES TO IDENTIFY COMMUNITY NEEDS.  
ANNUALLY, DATA FROM LOCAL, STATE, AND FEDERAL ASSESSMENTS AND REPORTS ARE  
UTILIZED TO ADDRESS AND PRIORITIZE COMMUNITY NEEDS. THE PRIMARY SOURCE  
OF INFORMATION FOR IDENTIFYING THE HEALTH NEEDS OF BALTIMORE CITY IS THE  
2008 BALTIMORE CITY HEALTH STATUS REPORT, WHICH IS PRODUCED BY THE  
BALTIMORE CITY HEALTH DEPARTMENT. THIS REPORT OUTLINES BALTIMORE'S  
PREVALENCE ON EIGHT MAJOR HEALTH CATEGORIES AS WELL AS MORTALITY AND



**Part VI Supplemental Information**

Complete this part to provide the following information.

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LEADING CAUSES OF DEATH. WHILE THE FOCUS OF THIS REPORT IS ON CITY-WIDE

INDICATORS, THERE ARE ALSO NUMEROUS COMPARISONS TO STATE-WIDE AND

NATIONAL PREVALENCE RATES AS WELL. THE NATIONAL LEADING HEALTH

INDICATORS FROM HEALTHY PEOPLE 2020 WERE ALSO INCORPORATED AS A FRAMEWORK

INTO COMMUNITY HEALTH PROGRAMMING FOR THIS YEAR. THE BALTIMORE CITY'S

HEALTH DISPARITIES REPORT CARD WAS RELEASED IN MAY 2010 AND WAS ALSO

INCLUDED. LATE IN FISCAL YEAR 2011, THE BALTIMORE CITY HEALTH DEPARTMENT

RELEASED ITS HEALTHY BALTIMORE 2015 PLAN, WHICH WAS REVIEWED AT THE CLOSE

OF THE FISCAL YEAR. THIS PLAN WILL PLAY A MORE SIGNIFICANT ROLE IN THE

FY12 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. ADDITIONAL REPORTS,

DATA, ALERTS, AND PUBLIC HEALTH TRENDS ARE FOLLOWED AS WELL FROM THE

CENTERS FOR DISEASE CONTROL, MARYLAND DEPARTMENT OF HEALTH AND MENTAL

HYGIENE, US DEPT OF HEALTH AND HUMAN SERVICES, COUNTY HEALTH RANKINGS,

AND LOCALLY WITH THE BALTIMORE CITY HEALTH DEPARTMENT'S NEIGHBORHOOD

PROFILES AND B-MORE HEALTHY BABIES TO NAME A FEW. UMMC ALSO CONDUCTED A

TELEPHONE SURVEY OF BALTIMORE RESIDENTS IN 2005 TO IDENTIFY HEALTH NEEDS

FROM THE CONSUMER'S PERSPECTIVE. THE UMMC WILL BE CONDUCTING A MORE

COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CURRENTLY WHICH WILL BE

**Part VI Supplemental Information**

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REPORTED IN NEXT YEAR'S REPORT. THE FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ("ACA"), IS CURRENTLY UNDERWAY IN FY12, WITH A COMMUNITY BENEFITS STRATEGIC PLAN TO FOLLOW. HOWEVER, THE UMMC HAS REVIEWED THE AFOREMENTIONED DATA SOURCES ANNUALLY FOR TRENDS IN COMMUNITY HEALTH AND HAS BEEN COMMITTED TO RESPONDING TO THE NEEDS OF THE COMMUNITY THROUGH ITS ANNUAL PROGRAMMING AND SERVICES.

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

UNIVERSITY OF MARYLAND MEDICAL CENTER'S FINANCIAL CLEARANCE PROGRAM

POLICY IS A CLEAR, COMPREHENSIVE POLICY ESTABLISHED TO ASSESS THE NEEDS

OF PARTICULAR PATIENTS THAT HAVE INDICATED A POSSIBLE FINANCIAL HARDSHIP

IN OBTAINING AID WHEN IT IS BEYOND THEIR FINANCIAL ABILITY TO PAY FOR

SERVICES RENDERED. UMMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE

INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO:

- SIGNAGE IN MAIN ADMITTING AREAS OF THE HOSPITAL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS

- BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL

PATIENT CARE AREAS

-APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) SERVES BALTIMORE CITY

AND THE GREATER METROPOLITAN REGION, INCLUDING PATIENTS WITH IN-STATE AND

OUT-OF-STATE REFERRALS FOR TERTIARY AND QUATERNARY CARE. UMMC IS A

PRIVATE, NON-PROFIT ACUTE CARE HOSPITAL AND IS AFFILIATED WITH THE

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, AS WELL AS THE SURROUNDING

PROFESSIONAL SCHOOLS ON CAMPUS. IT IS THE SECOND LEADING PROVIDER OF

HEALTHCARE IN BALTIMORE CITY AND THE STATE OF MARYLAND, AND HAS SERVED

THE STATE'S AND CITY'S POPULATIONS SINCE 1823. DESPITE THE LARGER

REGIONAL PATIENT MIX, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND

THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF UMMC IS

BALTIMORE CITY. ACCORDING TO THE 2011 POPULATION ESTIMATE FROM

**Part VI Supplemental Information**

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POP-FACTS: DEMOGRAPHIC SNAPSHOT 2011 COMPARISON REPORT; BALTIMORE CITY,

AFRICAN AMERICANS OR BLACKS MAKE UP 63% OF BALTIMORE CITY'S POPULATION.

CAUCASIANS COMPRISE 32% OF THE POPULATION FOLLOWED BY HISPANIC OR LATINO

REPRESENTING 3%. THE REMAINING RACIAL MAKEUP IS COMPRISED OF ASIAN,

AMERICAN INDIAN, NATIVE HAWAIIAN/PACIFIC ISLANDERS AND OTHER RACES. 2011

ESTIMATED POPULATION BY SINGLE RACE CLASS CAUCASIAN - 204,463 31.84%

AFRICAN AMERICA OR BLACK - 403,115 62.77% AMERICAN INDIAN AND ALASKAN

NATIVE - 2,252 .35% ASIAN - 12,568 1.96% NATIVE HAWAIIAN & OTHER

PACIFIC ISLAND - 316 0.05% SOME OTHER RACE - 7,016 1.09% TWO OR MORE

RACES - 12,468 1.94% 2011 ESTIMATED POPULATION HISPANIC OR LATINO BY

ORIGIN NOT HISPANIC OR LATINO - 621,912 96.84% HISPANIC OR LATINO -

20,286 3.16% SOURCE: 2011 ESTIMATE = POP-FACTS: DEMOGRAPHIC SNAPSHOT

2011 COMPARISON REPORT; BALTIMORE CITY

FORTY-EIGHT PERCENT OF BALTIMORE CITY HOUSEHOLDS REPORTED AN INCOME OF

LESS THAN \$35,000 IN 2011 ACCORDING TO THE POP-FACTS: DEMOGRAPHIC

SNAPSHOT 2011 COMPARISON REPORT; BALTIMORE CITY. STATEWIDE, 16% OF

HOUSEHOLDS REPORTED AN INCOME IN THIS RANGE. THE 2011 MEDIAN HOUSEHOLD

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INCOME IN BALTIMORE CITY FOR ALL RACES WAS \$37,132; APPROXIMATELY HALF OF  
 THE STATEWIDE MEDIAN INCOME WHICH IS \$70,647. 2011 ESTIMATED HOUSEHOLDS  
 BY HOUSEHOLD INCOME

INCOME LESS THAN \$15,000	56,984	22.44%
INCOME \$15,000 - \$24,999	33,610	13.24%
INCOME \$25,000 - \$34,999	30,720	12.10%
INCOME \$35,000 - \$49,999	39,761	15.66%
INCOME \$50,000 - \$74,999	42,096	16.58%
INCOME \$75,000 - \$99,999	22,297	8.78%
INCOME \$100,000 - \$124,999	12,851	5.06%
INCOME \$125,000 - \$149,999	5,572	2.19%
INCOME \$150,000 - \$199,999	4,519	1.78%
INCOME \$200,000 - \$499,999	4,446	1.75%
INCOME \$500,000 AND MORE	1,077	0.42%

2011 ESTIMATED AVERAGE HOUSEHOLD INCOME - \$51,752

2011 ESTIMATED MEDIAN HOUSEHOLD INCOME - \$37,132

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2011 ESTIMATED PER CAPITA INCOME - \$20,777

SOURCE: 2011 ESTIMATE = POP-FACTS: DEMOGRAPHIC SNAPSHOT 2011 COMPARISON

REPORT; BALTIMORE CITY

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MAJOR IDENTIFIED HEALTH NEEDS IN BALTIMORE (AS IDENTIFIED IN THE 2008

BALTIMORE CITY HEALTH STATUS REPORT, BALTIMORE CITY'S HEALTH DISPARITIES

REPORT CARD, HEALTHY PEOPLE 2020, AND OTHER DATA SOURCES) INCLUDE THE

FOLLOWING LEADING CAUSES OF DEATH (IN RANKED ORDER): 1) HEART DISEASE, 2)

CANCER, 3) CEREBROVASCULAR DISEASE, 4) HIV/AIDS, 5) HOMICIDE, 6) CHRONIC

LOWER RESPIRATORY DISEASE, AND 7) DIABETES. MARYLAND'S HEALTH NEEDS ARE

SIMILAR WITH LESS EMPHASIS ON VIOLENCE, HIV INFECTION, AND SUBSTANCE

ABUSE. CHILDHOOD AND ADULT OBESITY AND SMOKING CONTRIBUTE SUBSTANTIALLY

TO THE PREVALENCE OF CHRONIC DISEASES SUCH AS DIABETES, CARDIOVASCULAR

DISEASE, CANCER, AND ASTHMA AND ARE SIGNIFICANT MODIFIABLE DISEASE RISK

FACTORS. THEREFORE, MUCH CURRENT UMMC COMMUNITY OUTREACH PROGRAMMING IS

TARGETED TO OBESITY AND TOBACCO PREVENTION WITHIN DISEASE-SPECIFIC

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PROGRAMMING IN ADDITION TO OUTREACH TARGETING DISEASE-SPECIFIC  
 CONDITIONS. AN ADDITIONAL COMMUNITY HEALTH NEED IDENTIFIED BY THE  
 BALTIMORE CITY HEALTH DEPARTMENT IS INFANT MORTALITY. IN THE  
 AFOREMENTIONED SURVEY COMMISSIONED WITH THE JACKSON ORGANIZATION IN 2005,  
 THE ISSUES IDENTIFIED THAT CORRELATED MOST HIGHLY TO CONSUMERS' HEALTH  
 STATUS WERE STROKE, DIABETES, HIGH BLOOD PRESSURE AND INCONTINENCE. THESE  
 ARE MOSTLY CONSISTENT WITH THE HEALTH NEEDS IDENTIFIED BY THE BALTIMORE  
 CITY HEALTH DEPARTMENT MENTIONED ABOVE AND WERE CONSIDERED SERVICES OF  
 IMPORTANCE TO UMMC IN TERMS OF INCREASING COMMUNITY AWARENESS AND ACCESS  
 TO CARE. SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS - SDOH AS DEFINED  
 BY THE WORLD HEALTH ORGANIZATION (WHO) ARE THE CIRCUMSTANCES IN WHICH  
 PEOPLE LIVE, GROW, AND WORK, WHICH GREATLY DETERMINE AN INDIVIDUAL'S  
 HEALTH STATUS (WORLD HEALTH ORGANIZATION, 2008). AT ALL LEVELS OF  
 INCOME, HEALTH AND ILLNESS FOLLOW A SOCIAL GRADIENT: THE LOWER THE  
 SOCIOECONOMIC STATUS, THE LOWER THE HEALTH STATUS. CONTRIBUTING TO THE  
 MAJOR HEALTH NEEDS OF THE CBSA, THERE ARE MANY SIGNIFICANT SDOH WHICH  
 WERE IDENTIFIED (IN NO PARTICULAR ORDER), LACK OF FRESH PRODUCE AVAILABLE  
 (FOOD DESERTS), LIMITED TRANSPORTATION, UNSAFE HOUSING, ECONOMIC

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DEVELOPMENT, AND LITERACY. OF THE ABOVE IDENTIFIED SEVEN TOP HEALTH  
NEEDS AND THE FIVE SDOH, ALL ARE ADDRESSED WITH UMMC INITIATIVES WITH THE  
EXCEPTION OF TWO OF THE SDOH, TRANSPORTATION AND HOUSING. LITERACY AND  
HEALTH LITERACY INITIATIVES ARE IN THE PLANNING STAGES IN FY12 AND WILL  
BE ADDRESSED IN FY12.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) IS PART OF THE LARGER  
UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), WHICH INCLUDES TEN  
HOSPITALS AROUND THE CENTRAL MARYLAND REGION. UMMS CREATED THE  
UNIVERSITY OF MARYLAND COMMUNITY OUTREACH AND ADVOCACY TEAM WHICH MEETS  
MONTHLY TO ADDRESS THE HEALTH CARE NEEDS OF THE BALTIMORE COMMUNITY. THE  
GROUP IS COMPRISED OF COMMUNITY OUTREACH MANAGEMENT AND STAFF,  
CLINICIANS, EXECUTIVE LEADERSHIP FROM UMMS SYSTEM HOSPITALS, WHICH  
INCLUDES THE MEDICAL CENTER. UMMC PARTICIPATES IN THIS ADVOCACY TEAM AND  
REPRESENTATIVES COMMUNICATE PRIORITIES TO THE MEDICAL CENTER. IN  
ADDITION TO THE UMMS' PRIORITIES, UMMC DETERMINES ANNUAL COMMUNITY



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OUTREACH GOALS AND OBJECTIVES. FOR FY11, UMMC WAS A MAJOR PARTICIPANT  
 AND SPONSOR IN TWO ANNUAL UMMS OUTREACH HEALTH FAIRS, TAKE A LOVED ONE TO  
 THE DOCTOR DAY AND SPRING INTO GOOD HEALTH.

COMMUNITY BENEFIT REPORT STATE FILINGS  
 SCHEDULE H, PART VI, LINE 7  
 MARYLAND

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	RONALD MCDONALD HOUSE 635 WEST LEXINGTON STREET	52-1184957	501 (C) 3	20,000.				GENERAL ASSISTANCE
(2)	UMBF INC 100 N. GREENE ST. BALTIMORE, MD 21201	31-1678679	501 (C) 3	60,000.				GENERAL ASSISTANCE
(3)	YOUTHWORKS BALTIMORE CITY FOUNDATION INC. 101 WEST 24TH STREET BALTIMORE, MD 21218	52-1212473	501 (C) 3	12,000.				GENERAL ASSISTANCE
(4)	MEMORIAL HOSPITAL FOUNDATION INC 219 SOUTH WASHINGTON STREET	52-1282080	501 (C) 3	15,000.				GENERAL ASSISTANCE
(5)	THE CHILDRENS GUILD 6802 MCCLEAN BOULEVARD BALTIMORE, MD 21234	52-0634411	501 (C) 3	10,000.				GENERAL ASSISTANCE
(6)	MARYLAND BLACK CAUCUS FOUNDATION PO BOX 948 ANNAPOLIS, MD 21404	52-1417532	501 (C) 3	25,000.				GENERAL ASSISTANCE
(7)	THE LIVING LEGACY FOUNDATION 1730 TWIN SPRINGS RD BALTIMORE, MD 21227	52-1736533	501 (C) 3	25,000.				GENERAL ASSISTANCE
(8)	HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION 6701 N CHARLES STREET BALTIMORE, MD 21204	36-2318336	501 (C) 3	5,500.				GENERAL ASSISTANCE
(9)	DOWNTOWN PARTNERSHIP OF BALTIMORE 217 NORTH CHARLES STREET	52-1326864	501 (C) 3	15,000.				GENERAL ASSISTANCE
(10)	CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD BALTIMORE, MD 21209	52-2310500	501 (C) 3	10,000.				GENERAL ASSISTANCE
(11)	BALTIMORE CITY FOUNDATION 10 NORTH CALVERT STREET BALTIMORE, MD 21202	52-6000769	501 (C) 3	6,000.				GENERAL ASSISTANCE
(12)	BALTIMORE AREA COUNCIL BSA 701 WYMAN PARK DR BALTIMORE, MD 21211	52-0591572	501 (C) 3	25,000.				GENERAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations ▶ 15.

3 Enter total number of other organizations ▶ 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? . . . . . **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** X
- b** Any related organization? . . . . . **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** X
- b** Any related organization? . . . . . **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . **7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . **9**

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 ROBERT A CHRENCIK	(i)	986,285.	659,250.	9,032.	179,103.	19,769.	1,853,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LISA C ROWEN	(i)	319,054.	134,160.	11,052.	44,745.	19,418.	528,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 HENRY J FRANEY	(i)	550,714.	178,200.	77,614.	8,488.	18,407.	833,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MEGAN M ARTHUR	(i)	377,384.	110,071.	62,054.	8,883.	28,717.	587,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOHN W ASHWORTH III	(i)	345,255.	120,341.	121,851.	8,928.	16,030.	612,405.	58,486.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARK L WASSERMAN	(i)	257,718.	90,089.	34,007.	9,157.	22,683.	413,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GERALD L WOLLMAN	(i)	282,314.	99,225.	4,529.	37,774.	19,344.	443,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARK KELEMEN	(i)	317,491.	85,933.	3,901.	44,285.	19,239.	470,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JEFFERY A RIVEST	(i)	584,775.	260,533.	111,614.	7,939.	25,983.	990,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROBERT K ALLEN	(i)	279,358.	107,377.	44,538.	9,094.	19,342.	459,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ALISON G BROWN	(i)	323,281.	143,350.	54,187.	8,985.	19,418.	549,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 HERBERT C BUCHANAN	(i)	292,933.	114,342.	9,046.	41,868.	28,553.	486,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JON P BURNS	(i)	350,090.	124,215.	9,808.	49,382.	28,663.	562,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GLENN F ROBBINS	(i)	478,282.	140,773.	68,773.	8,607.	19,735.	716,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JONATHAN E GOTTLIEB	(i)	477,942.	219,880.	5,176.	66,510.	16,114.	785,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 KEITH D PERSINGER	(i)	362,889.	161,000.	46,146.	8,925.	8,137.	587,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICK E DUNNING	(i)	220,890.	74,634.	117,326.	8,459.	19,153.	440,462.	93,194.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN SPEARMAN	(i)	220,138.	73,651.	91,295.	8,474.	15,709.	409,267.	56,700.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

## HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN THE PROGRAM DOCUMENTS.

## SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

TRENT SMITH \$194,484

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE FISCAL YEAR END JUNE 30, 2011, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN (BIII), OTHER

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

REPORTABLE COMPENSATION.

ROBERT ALLEN

MEGAN ARTHUR

JOHN ASHWORTH

ALISON BROWN

HERBERT BUCHANEN

JON BURNS

ROBERT CHRENCIK

JOHN SPEARMAN

RICK DUNNING

HENRY FRANEY

MARK KELEMAN

KEITH PERSINGER

JEFFREY RIVEST

GLENN ROBBINS

MARK WASSERMAN

LISA ROWEN



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

JONATHAN GOTTLIEB

GERALD WOLLMAN

DURING THE FISCAL YEAR END JUNE 30, 2011, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED PLAN. THE OFFICERS AND KEY EMPLOYEES LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTION TO THE PLAN FOR THE CURRENT FISCAL YEAR, IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, COLUMN (BIII), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F).

ROBERT ALLEN

MEGAN ARTHUR

JOHN ASHWORTH

ALISON BROWN

JOHN SPEARMAN

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

RICK DUNNING

HENRY FRANEY

KEITH PERSINGER

JEFFREY RIVEST

GLENN ROBBINS

MARK WASSERMAN

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA (SERIES 2004B)	52-0936091	574217LP8	12/17/2003	37,590,847.	ADVANCE REFUNDING		X		X		X
<b>B</b> MHHEFA (SERIES 2005)	52-0936091	574217W92	06/25/2008	144,317,619.	CURRENT REFUNDING		X		X		X
<b>C</b> MHHEFA (SERIES 2006A)	52-0936091	574217YG4	10/24/2006	46,070,791.	NEW MONEY		X		X		X
<b>D</b> MHHEFA (SERIES 2007A)	52-0936091	574217G74	09/12/2007	96,445,000.	ADVANCE REFUNDING		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	8,010,000.		4,125,000.		0.		300,000.	
<b>2</b> Amount of bonds legally defeased . . . . .	0.		0.		0.		0.	
<b>3</b> Total proceeds of issue . . . . .	37,590,847.		144,317,619.		46,907,010.		96,445,000.	
<b>4</b> Gross proceeds in reserve funds . . . . .	0.		0.		2,183,085.		0.	
<b>5</b> Capitalized interest from proceeds . . . . .	0.		0.		3,498,365.		0.	
<b>6</b> Proceeds in refunding escrows . . . . .	0.		0.		0.		93,784,600.	
<b>7</b> Issuance costs from proceeds . . . . .	444,968.		1,167,619.		350,032.		784,512.	
<b>8</b> Credit enhancement from proceeds . . . . .	1,056,738.		0.		0.		13,877.	
<b>9</b> Working capital expenditures from proceeds . . . . .	0.		0.		0.		0.	
<b>10</b> Capital expenditures from proceeds . . . . .	0.		0.		40,875,528.		0.	
<b>11</b> Other spent proceeds . . . . .	36,089,142.		143,150,000.		0.		1,862,011.	
<b>12</b> Other unspent proceeds . . . . .	0.		0.		0.		0.	
<b>13</b> Year of substantial completion . . . . .					2008			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .	X			X		X	X	
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property . . . . .		X		X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA (SERIES 2007B)	52-0936091	574217G82	09/12/2007	41,350,000.	ADVANCE REFUNDING		X		X		X
<b>B</b> MHHEFA (SERIES 2008A)	52-0936091	574217U78	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X
<b>C</b> MHHEFA (SERIES 2008B)	52-0936061	574217U86	05/21/2008	75,000,000.	CURRENT REFUNDING		X		X		X
<b>D</b> MHHEFA (SERIES 2008C)	52-0936091	574217U94	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	175,000.		0.		0.		0.	
<b>2</b> Amount of bonds legally defeased . . . . .	0.		0.		0.		0.	
<b>3</b> Total proceeds of issue . . . . .	46,837,192.		50,000,000.		75,000,000.		50,000,000.	
<b>4</b> Gross proceeds in reserve funds . . . . .	0.		0.		0.		0.	
<b>5</b> Capitalized interest from proceeds . . . . .	0.		0.		0.		0.	
<b>6</b> Proceeds in refunding escrows . . . . .	46,495,025.		0.		0.		0.	
<b>7</b> Issuance costs from proceeds . . . . .	336,219.		283,967.		425,158.		283,967.	
<b>8</b> Credit enhancement from proceeds . . . . .	5,947.		33,758.		50,542.		33,758.	
<b>9</b> Working capital expenditures from proceeds . . . . .	0.		0.		0.		0.	
<b>10</b> Capital expenditures from proceeds . . . . .	0.		0.		0.		0.	
<b>11</b> Other spent proceeds . . . . .	0.		49,682,275.		74,524,300.		49,682,275.	
<b>12</b> Other unspent proceeds . . . . .	0.		0.		0.		0.	
<b>13</b> Year of substantial completion . . . . .								
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .	X			X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property . . . . .		X		X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA (SERIES 2008D)	52-0936091	574217V28	05/21/2008	50,000,000.	CURRENT REFUNDING		X		X		X
<b>B</b> MHHEFA (SERIES 2008E)	52-0936091	574217V36	05/21/2008	55,000,000.	CURRENT REFUNDING		X		X		X
<b>C</b> MHHEFA (SERIES 2008F)	52-0936091	574217Y66	07/10/2008	89,764,001.	CURRENT REFUNDING		X		X		X
<b>D</b> MHHEFA (SERIES 2010)	52-0936091	5742175E1	01/07/2010	241,441,656.	NEW MONEY/CURRENT REFUNDING		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	0.		0.		11,560,000.		5,175,000.	
<b>2</b> Amount of bonds legally defeased . . . . .	0.		0.		0.		0.	
<b>3</b> Total proceeds of issue . . . . .	50,000,000.		55,000,000.		89,764,001.		241,441,656.	
<b>4</b> Gross proceeds in reserve funds . . . . .	0.		0.		0.		17,980,097.	
<b>5</b> Capitalized interest from proceeds . . . . .	0.		0.		0.		0.	
<b>6</b> Proceeds in refunding escrows . . . . .	0.		0.		0.		0.	
<b>7</b> Issuance costs from proceeds . . . . .	283,967.		303,950.		792,457.		2,656,305.	
<b>8</b> Credit enhancement from proceeds . . . . .	33,758.		36,775.		0.		0.	
<b>9</b> Working capital expenditures from proceeds . . . . .	0.		0.		0.		0.	
<b>10</b> Capital expenditures from proceeds . . . . .	0.		0.		0.		75,123,069.	
<b>11</b> Other spent proceeds . . . . .	49,682,275.		54,653,875.		88,971,544.		90,805,254.	
<b>12</b> Other unspent proceeds . . . . .	0.		0.		0.		54,876,931.	
<b>13</b> Year of substantial completion . . . . .							2012	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property . . . . .		X		X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X	
<b>2</b> Is the bond issue a variable rate issue? . . . . .		X		X		X	X		
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X	X		
<b>b</b> Name of provider . . . . .								JP MORGAN BANK AMER	
<b>c</b> Term of hedge . . . . .								27.000	
<b>d</b> Was the hedge superintegrated? . . . . .								X	
<b>e</b> Was the hedge terminated? . . . . .								X	
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X	
<b>b</b> Name of provider . . . . .									
<b>c</b> Term of GIC . . . . .									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .									
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X	
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X		X	

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

MASTER LOAN AGREEMENT  
 PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
<b>2</b> Is the bond issue a variable rate issue? . . . . .								
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .								
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
<b>2</b> Is the bond issue a variable rate issue? . . . . .								
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .								
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF



**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
<b>2</b> Is the bond issue a variable rate issue? . . . . .								
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .								
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X	
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X		X		X		X	
<b>b</b> Name of provider . . . . .	JP MORGAN BANK AMER		JP MORGAN BANK AMER		JP MORGAN BANK AMER		JP MORGAN BANK AMER	
<b>c</b> Term of hedge . . . . .	27.000		34.600		34.600		34.600	
<b>d</b> Was the hedge superintegrated? . . . . .		X		X		X		X
<b>e</b> Was the hedge terminated? . . . . .		X		X		X		X
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X		X

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X			X		X
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X		X			X		X
<b>b</b> Name of provider . . . . .	JP MORGAN BANK AMER		JP MORGAN BANK AMER					
<b>c</b> Term of hedge . . . . .	34.600		34.600					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X		X

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) M&T BANK, ATWOOD COLLINS	BOARD MEMBER	287,364.	SEE SCHEDULE L, PART V		X
(2) KELLY AND ASSOCIATES, FRANCIS KELLY	BOARD MEMBER	104,456.	SEE SCHEDULE L, PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV

THE ORGANIZATION USES M&T BANK FOR MANY OF ITS BANKING SERVICES, INCLUDING TREASURY MANAGEMENT, DEPOSIT SERVICES, LINES OF CREDIT AND CORPORATE TRUST AND CUSTODY SERVICES. ATWOOD COLLINS IS EXECUTIVE VICE PRESIDENT OF M&T BANK AS WELL AS A BOARD MEMEBE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM. SERVICES PROVIDED BY THE BANK ARE CHARGED AT OR BELOW FAIR MARKET VALUE.

FRANCIS KELLY IS A BOARD MEMBER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AS WELL AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF KELLY & ASSOCIATES INSURANCE GROUP, INC. THE MEDICAL SYSTEM USES KELLY & ASSOCIATES TO PURCHASE HEALTH, VISION, DENTAL AND LIFE INSURANCE POLICIES FOR THE EMPLOYEES OF THE SYSTEM.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN,

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.



Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS.

THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS.

THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER,

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED.

IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

## CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

## HOURS ON RELATED ENTITY

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS A MULTI-ENTITY HEALTH CARE SYSTEM INCLUDING 8 ACUTE CARE HOSPITALS, 3 SPECIALTY HOSPITALS AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

## RECONCILIATION OF NEW ASSETS

FORM 990, PART XI, LINE 5

CHANGE IN NET ASSETS OF FOUNDATION 4,685,000.00

SUPPORT FROM FOUNDATION 3,803,000.00

NET ASSETS RELEASED FROM RESTRICTIONS FOR

PURCHASES OF PROPERTY &amp; EQUIPMENT 20,816,000.00

QUEEN ANNE'S LAND DONATION 14,837,000.00

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

CHANGE FAIR VALUE-

DESIGNATED INTEREST RATE SWAPS 4,488,000.00

CHANGE OWNERSHIP INT-

NONCONSOLIDATED SUBSIDIARIES 5,437,000.00

CHANGE IN OWNERSHIP INTEREST OF

JOINT VENTURES 1,126,000.00

OTHER (422,434.00)

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TOTAL 54,769,566.00

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UMMS, A PRIVATE, NON-PROFIT HEALTH SYSTEM, CONSISTS OF 11 HOSPITALS - THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC), THE ACADEMIC "HUB" - AND THE 10 COMMUNITY AND SPECIALTY HOSPITALS THROUGHOUT THE STATE OF MARYLAND. UMMC IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER CARE, NEUROCARE, CARDIAC CARE AND HEART SURGERY, WOMEN'S AND CHILDREN'S HEALTH AND ORGAN TRANSPLANTS. IT HAS ONE OF THE MOST TECHNOLOGICALLY ADVANCED OPERATING ROOM FACILITIES AND IS INTERNATIONALLY RECOGNIZED FOR ITS LEADERSHIP IN DEVELOPING AND PERFORMING MINIMALLY INVASIVE SURGICAL PROCEDURES. UMMS PROVIDES CHARITY CARE TO PATIENTS UNABLE TO PAY. CHARITY CARE FOR THE YEAR ENDED 6/30/2011 IS APPROXIMATELY \$37,116,000 AT COST.

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
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(A) NAME AND TITLE	(B) HOURS	(C) POSITION						ATTACHMENT 2 (CONT'D) COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 ROOMINA ANWER HASAN, MD DIRECTOR	2.00	X						0.	0.	0.
30 SENATOR EDWARD KASEMEYER DIRECTOR	2.00	X						0.	0.	0.
31 HENRY J FRANEY CFO- UMMS/TREASURER	40.00			X				806,528.	0.	26,895.
32 MEGAN M ARTHUR SVP & GENERAL COUNSEL/ SEC'TY	40.00			X				549,509.	0.	37,600.
33 JEFFERY A RIVEST PRESIDENT & CEO - UMMC	40.00			X				956,922.	0.	33,922.
34 ROBERT K ALLEN SVP HUMAN RESOURCES	40.00			X				431,273.	0.	28,436.
35 ALISON G BROWN SVP PLANNING & MARKETING	40.00			X				520,818.	0.	28,403.
36 HERBERT C BUCHANAN SVP & COO - UMMC	40.00			X				416,321.	0.	70,421.
37 JON P BURNS SVP & CIO	40.00			X				484,113.	0.	78,045.
38 GLENN F ROBBINS SVP & CMO	40.00			X				687,828.	0.	28,342.
39 JONATHAN E GOTTLIEB SVP & CMO	40.00			X				702,998.	0.	82,624.
40 KEITH D PERSINGER SVP & CFO UMMC	40.00			X				570,035.	0.	17,062.
41 RICK E DUNNING SVP FACILITIES & PLANNING	40.00			X				412,850.	0.	27,612.
42 JOHN W ASHWORTH III SVP NETWORK DEVELOPMENT	40.00			X				587,447.	0.	24,958.
43 MARK L WASSERMAN SVP EXTERNAL AFFRS	40.00			X				381,814.	0.	31,840.
44 GERALD L WOLLMAN SVP - CORPORATE OPS	40.00			X				386,068.	0.	57,118.
45 MARK KELEMEN CHIEF MEDICAL INFO OFFICER	40.00			X				407,325.	0.	63,524.
46 JOHN SPEARMAN SVP - EXTERNAL AFFAIRS	40.00			X				385,084.	0.	24,183.

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 ATTACHMENT 3
 

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 FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK
 

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NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
ROBERT A CHRENCIK PRESIDENT AND CEO	5.00
LISA C ROWEN SVP & CNO - UMMC	5.00

Name of the organization UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	Employer identification number 52-1362793
--	--

ATTACHMENT 3 (CONT'D)

JEFFERY A RIVEST PRESIDENT & CEO - UMMC	5.00
GLENN F ROBBINS SVP & CMO	5.00
JONATHAN E GOTTLIEB SVP & CMO	5.00
KEITH D PERSINGER SVP & CFO UMMC	5.00
JOHN W ASHWORTH III SVP NETWORK DEVELOPMENT	5.00

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK CORPORATION PO BOX 33170 NEWARK, NJ 07188	ENVIRONMENTAL SRVCS	5,430,550.
ARAMARK SERVICES, INC. 1101 MARKET ST PHILADELPHIA, PA 19107	FOOD SERVICES	4,188,059.
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	SOFTWARE MAINT SRVCS	3,823,031.
UNIVERSITY PHYSICIANS, INC. 250 WEST PRATT ST, SUITE 901 BATIMORE, MD 21201	PHYSICIAN SRVCS	3,346,924.
RECEIVABLES OUTSOURCING, INC. 1920 GREENSPRING DRIVE, SUITE 200 TIMONIUM, MD 21093	ACCOUNT COLLECTIONS	3,248,167.
TOTAL COMPENSATION		<u>20,036,731.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP

Employer identification number

52-1362793

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 36 S. PACA STREET LLC 36 S. PACA STREET BALTIMORE, MD 21201 56-2544990	RENTAL	MD	1,220,500.	13,855,030.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS, INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1756326	HEALTH CARE	MD	501 ( C ) ( 3 )	11	BWMS		X
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830243	HEALTH CARE	MD	501 ( C ) ( 3 )	11	BWMS		X
(3) BALTIMORE WASHINGTON MEDICAL CENTER, INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-0689917	HEALTH CARE	MD	501 ( C ) ( 3 )	11	BWMS		X
(4) BALTIMORE WASHINGTON MEDICAL SYSTEM, INC 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1830242	HEALTH CARE	MD	501 ( C ) ( 3 )	11	UMMS		X
(5) BW MEDICAL CENTER FOUNDATION, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1813656	HEALTH CARE	MD	501 ( C ) ( 3 )	11	BWMS		X
(6) NORTH ARUNDEL DEVELOPMENT CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1318404	REAL ESTATE	MD	501 ( C ) ( 2 )		BWMS		X
(7) NORTH COUNTY CORPORATION 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 52-1591355	REAL ESTATE	MD	501 ( C ) ( 2 )		BWMS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

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Internal Revenue Service

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Name of the organization  
**UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP**

Employer identification number  
**52-1362793**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHESTER RIVER HEALTH FOUNDATION, INC. 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501 ( C ) ( 3 )	11	CRHS		X
(2) CHESTER RIVER HEALTH SYSTEM, INC. 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 ( C ) ( 3 )	11	UMMS	X	
(3) CHESTER RIVER HOSPITAL CENTER, INC. 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 ( C ) ( 3 )	03	CRHS		X
(4) CHESTER RIVER MANOR, INC. 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 ( C ) ( 3 )	11	CRHS		X
(5) MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVE BALTIMORE, MD 21201	HEALTH CARE	MD	501 ( C ) ( 3 )	11	MGHS		X
(6) MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVE BALTIMORE, MD 21201	FUNDRAISING	MD	501 ( C ) ( 3 )	11	MGHS		X
(7) MARYLAND GENERAL HEALTH SYSTEMS, INC. 52-1175337 827 LINDEN AVE BALTIMORE, MD 21201	HEALTH CARE	MD	501 ( C ) ( 3 )	11	UMMS	X	

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Schedule R (Form 990) 2010



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

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Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization  
**UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP**

Employer identification number  
**52-1362793**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARYLAND GENERAL HOSPITAL, INC. 52-0591667 827 LINDEN AVE BALTIMORE, MD 21201	HEALTH CARE	MD	501 ( C ) ( 3 )	03	MGHS		X
(2) CARE HEALTH SERVICES, INC. 52-1510269 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 ( C ) ( 3 )	11	SHS		X
(3) DORCHESTER GENERAL HOSPITAL FOUNDATION 52-1703242 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 ( C ) ( 3 )	11	SHS		X
(4) MEMORIAL HOSPITAL FOUNDATION, INC. 52-1282080 219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 ( C ) ( 3 )	11	SHS		X
(5) SHORE CLINICAL FOUNDATION, INC. 52-1874111 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 ( C ) ( 3 )	11	SHS		X
(6) SHORE HEALTH SYSTEM, INC. 52-0610538 219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 ( C ) ( 3 )	03	UMMSC	X	
(7) JAMES LAWRENCE KERNAN HOSP ENDOW FD 23-7360743 2200 KERNAN DRIVE BALTIMORE, MD 21207	FUNDRAISING	MD	501 ( C ) ( 3 )	11	UMMSC	X	

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Schedule R (Form 990) 2010

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Name of the organization  
**UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP**

Employer identification number  
**52-1362793**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JAMES LAWRENCE KERNAN HOSPITAL, INC. 52-0591639 2200 KERNAN DRIVE BALTIMORE, MD 21207	HEALTH CARE	MD	501 ( C ) ( 3 )	03	UMMSC	X	
(2) SHIPLEY'S CHOICE MEDICAL PARK, INC. 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501 ( C ) ( 2 )		UMMSC	X	
(3) UMMS FOUNDATION, INC. 52-2238893 22 SOUTH GREENE STREET BALTIMORE, MD 21201	FUNDRAISING	MD	501 ( C ) ( 3 )	11	UMMSC	X	
(4) UNIVERSITY SPECIALTY HOSPITAL 52-0882914 611 SOUTH CHARLES STREET BALTIMORE, MD 21230	HEALTH CARE	MD	501 ( C ) ( 3 )	03	UMMSC	X	
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES, 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(2) HELEN P. DENIT CANCER TREATMEN 22 SOUTH GREENE STREET	HEALTHCARE	MD	N/A	RELATED								
(3) INNOVATIVE HEALTH, LLC 52-2283 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	RELATED			X		0.	X		
(4) NORTH ARUNDEL PET CENTER, LLC 29165 CANVASBACK DRIVE, SUITE	BILLING	MD	N/A	N/A								
(5) NORTH ARUNDEL SENIOR LIVING, L 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(6) NAH/SUNRISE OF SEVERNA PARK, L 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	N/A								
(7) SHIPLEY'S IMAGING CENTER, LLC 301 HOSPITAL DRIVE	HEALTH CARE	MD	N/A	RELATED	1,505,093.	707,263.	X		0.	X		

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(3) BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	N/A	C CORP			
(4) COUNCIL OF UNIT OWNERS OF MD GEN PC 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORP			
(5) SHORE HEALTH ENTERPRISES, INC. 52-1363201 219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	N/A	C CORP			
(6) UNIVERSITY LITHOTRIPTER, INC. 52-1451021 22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	N/A	C CORP	5,000.	500.	50.0000
(7) UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORP	37,003,953.	67,282,792.	91.0000

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UNIVERSITYCARE, LLC 52-2040338 22 SOUTH GREENE STREET	HEALTH CARE	MD	N/A	RELATED	2,479,004.	451,729.		X	0.	X		
(2) CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE	HEALTHCARE	MD	N/A	RELATED	4,075,293.	8,522,648.		X	0.	X		
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	N/A	C CORP	12,680,684.	64,961,079.	50.0000
(2) NA EXECUTIVE BUILDING CONDO ASSN, INC. 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORP			
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .	X	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIV OF MD MEDICAL SYSTEM FOUNDATION	C	4,912,000.	
(2) UNIVERSITY SPECIALTY HOSPITAL	J	105,000.	
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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